SERIAL NO. FILING DATE APPLICANT(S) **CLAIMS ONLY** CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT DEP. DEP. IND. DEP. IND, DEP. DEP. IND. IND. DEP. IND. ŧ ٦. ı ļ TOTAL IND. TOTAL IND. _1 _1 _1 J TOTAL DEP. TOTAL CLAIMS TOTAL DEP. TOTAL 20 * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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